

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

R00190391

RCRA RECORDS CENTER

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02
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ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
 Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see instructions.
☐ 4. Exempt Boiler and/or Industrial Furnace
☐ a. Smelting, Melting, and Refining Furnace Exemption
☐ b. Small Quantity On-Site Burner Exemption
☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Processor
☐ b. Re-refiner
☐ 3. Off-Specification Used Oil Burner
☐ 4. Used Oil Fuel Marketer
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

☒ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

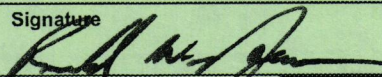
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
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C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) RONALD W. NEWMAN - PRES.	Date Signed 3/15/2002
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

MAR 19 2002

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

I A 0 0 0 0 1 0 9 8 2 7

II. Name of Installation (Include company and specific site name)

A - T E C R E C Y C L I N G I N C.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 7 4 5 N E 1 7 T H S T R E E T

Street (Continued)

City or Town

D E S M O I N E S

State

Zip Code

I A

5 0 3 1 3 -

County Code

County Name

9 9

P O L K

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P O B O X 7 3 9 1

City or Town

D E S M O I N E S

State

Zip Code

I A

5 0 3 0 9 - 7 3 9 1

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

N E W M A N

(First)

R O N A L D

Job Title

P R E S I D E N T

Phone Number (Area Code and Number)

5 1 5 - 2 4 4 - 7 3 5 7

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing☐☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

D E S M O I N E S / W I C H I T A F A L L S P A R T N E R S H I P

Street, P.O. Box, or Route Number

P O B O X 9 1 2 1 0

City or Town

A L B U Q U E R Q U E

State

Zip Code

N M

8 7 1 9 9 - 1 2 1 0

Phone Number (Area Code and Number)

5 0 5 - 3 4 5 - 8 8 2 9

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

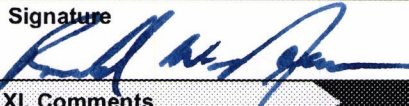
No

Date Changed

Month

Day

Year

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1	2
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5	6
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9	10
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1	2
3	4
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